094

## CERTIFICATE OF DEATH

77000

									-4.3	1033	
	PLACE OF DEATH					SUAL RESIDENCE (	Where deceose			efore odmiss	ion)
(	o. COUNTY Ho	ward		MARYLA		. STATE	ryland	b. COU	Howa.	rd	
ŀ		outside corporate limit:	,	c. LENGTH OF STAY IN	lb c. Cl	TY OR TOWN (If or	utside corporot	e limits, write RUI			
	Ellico	ott City				Ellicot	t City			13	3-1
(	. NAME OF HOSPITA	L OR INSTITUTION (If no	t in hospitol, g	ive street oddress)	d. 5	TREET ADDRESS				e. IS RESI	DENCE FARM?
Waterloo Rd.					Waterloo Rd. ON A FARM? YES □ NO					NO #	
	NAME OF DECEASED	Fi	st	Middle		Lost	4. DATE	Mont	th	Doy Ye	ear
		John	Raymon	d (	urtis		OF DEATH	August	18	19	67
•	EX	6. COLOR OR RACE	7. MARRIED		B. DAT	E OF BIRTH	9.	AGE (In years last birthdoy)	Months Do		R 24 HRS. Min.
	male	white	WIDOWED	DIVORCED	D 5/	9/1890		Yrs.	monnis De	110013	Nill.
	USUAL OCCUPATION on most of working li	Give kind of work done	10b. KII	ND OF BUSINESS OR	11.	BIRTHPLACE (County	& Stote, or fore	eign country)	12. CITIZE	N OF WHAT	111
1.1	Teache	re, even in refined)	r	oustry etired		Marylan	d		COUNT	MII	
	FATHER'S NAME				14.	MOTHER'S MAIDEN	NAME	2016			
	John	H. Curtis	10.30			Louise E. Miller					
	WAS DECEASED EVER	IN U.S. ARMED FORCES? If yes give wor or dotes of	f service) 16. S	OCIAL SECURITY NO.	17. INFOR	MANT		Waterloo	PA PA		
	NO	in fes give wor or doles o	2	12 36 9836	Mrs. E	dith Cur	tis	Ellicot	t City	Md.	
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)				,			1		INTERVAL BE		
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)					020	nary	00	dur	ion ,	ONSET AND	CAIN
ı	4201 DUE TO DISTORTING A DISTOR										
Conditions, if any, which gave rise to immediate couse (0).											
stoting the underlying couse DUE TO								1/11	12		
lost. (c) The following							27	14			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)  19 WAS AUTOP PERFORMED.								OPSY MED?			
200. ACCIDENT WAS UNDERLYING  200. ACCIDENT WAS UNDERLYING  200. DESCRIBE HOW INJURY OCCURRED. (E. C.						YES NO E					
	20o. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING ☐ CAUSE OF DEATH				URRED. (Enter	noture of injury in	Port I or Port	II of item 18.)			
١	(IF EITHER, NOTIFY N	MEDICAL EXAMINER)									
Į	20c. TIME OF INJUI	RY Month, Doy, Yeor	20d. IN While	JURY OCCURRED 2		NJURY (Home, formed bett, office bldg., etc.		(City or town)	(County	)	(Stote)
ļ	p.m.	19	ot work	ot work	- 4	1					
Ì	21. I certify that (I) (this hospital) attended the deceased from 1969, 1960, to Company (II) (the hospital) attended the deceased from 1969, 1960, to Company (II) (the hospital) attended the deceased from 1960, to Company (II) (the hospital) attended the deceased from 1960, to Company (II) (the hospital) attended the deceased from 1960, to Company (II) (the hospital) attended the deceased from 1960, to Company (II) (the hospital) attended the deceased from 1960, to Company (III) (the hospital) attended the deceased from 1960, to Company (III) (the hospital) attended the deceased from 1960, to Company (III) (the hospital) attended the deceased from 1960, to Company (III) (the hospital) attended the deceased from 1960, to Company (III) (the hospital) attended the deceased from 1960, to Company (III) (the hospital) attended the deceased from 1960, to Company (III) (the hospital) attended the deceased from 1960, to Company (III) (the hospital) attended the deceased from 1960, to Company (III) (the hospital) attended the deceased from 1960, to Company (III) (the hospital) attended the deceased from 1960, to Company (III) (the hospital) attended the deceased from 1960, to Company (III) (the hospital) attended the deceased from 1960, to Company (III) (the hospital) attended the hospital (III) (the ho										
saw the deceased alive on 1967, and that death occurred at 15 2 M, from causes and an the date stated above											
ATTENDING TO MED. STAFF C   1/2 4 //							10				
22c, PHYSICIAN'S 22d. ADDRESS 22d. ADDRESS							7	5/			
l	NAME (Type)	BBBY	UM	62494	,	56099K	in El	Elp	rulge	27	my
0	BURIAL, CREMATION	N, 23b. DATE THI	REOF	23c. NAME OF CEMETE	RY OR CREMA	TORY .	23d. LOC	ATION (City or To	wn) (Co	unty) (	Stote)
	burial (Specify)	8/21/6	7	Trinity	Chaple		Pfie	ffers Co			Md.
4	TONKAL DIRECTOR	om Slack	- ETT	icott City	1/2		D BY REGISTRA		GISTRAR'S SIGN	11	60
		Home	ELL	TOOLO OTON	MALO	DATAU	G 2 2	1961	clarles	0	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove cockon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 25M 1/67

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Named Street Land St. of St.		to be been a second	TAVENE SHE
		TALL PROPERTY.	

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VS A15 (4) 15M 9/55

	MARILAND SIMIE DEPARTM	TENT OF HEALTH-DALIMOKE, TO					
	11096 CERTIFICA	ATE OF DEATH Reg.	Dist. No. 11097				
	PLACE OF DEATH  o. COUNTY  HOWARD COUNTY  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Resi	idence before admission)				
	b. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town)  Montgomery Road	c. CITY OR TOWN (If outside corporate limits, write RURAL a Baltimore 21213	and give nearest town)				
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTRUCTION Shafter Convalescent Home	d. STREET ADDRESS 1237 Cliftview Avenue	e. IS RESIDENCE ON A FARM? YES NO				
	NAME OF DECEASED (Type or print) ELIZabEth —	HOHL 4. DATE Month OF DEATH Aug.	Day Year 7 1967				
5.	Female   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   WIDOWED   DIVORCED	B. DATE OF BIRTH Apr. 15. 1884  9. AGE (In year) lost birthday) 83 yrs.  Month	DER I YEAR IF UNDER 24 HRS. hs Days Hours Min.				
100	a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	Baltimore Md.	USA				
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
	John Schneider	Marie Hergert					
15. (Ye	was deceased ever in U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. In o. or unknown) (If yes, give wor or dates of service) 16. 97-9104 B	s. Creston Ford, 3305 Beverl	Ly Rd. 21214				
	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  PRESENTED  PRESENT	scular Accident	INTERVAL BETWEEN ONSE AND DEATH				
	Conditions, if any, which) by Ankno scheric	Candy-vussaler disees	e loyne				
	gave rise to immediate cause (a), stating the <u>under-lying cause last.</u> DUE TO  (c)						
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN F	PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO PA				
	20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port II or Port II of item 1B.)						
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED for the p. m. 19 of work of work 19 of work 19	ACE OF INJURY (Home, farm, 20f. (City or town) clory, street, office bldg., etc.)	(County) (State)				
	21. I certify that I attended the deceased from 7-28		I last saw the decease				

that death occurred at 7.2221. M, from the causes and an the date stated above. ADDRESS (Street, city or town, state DATE SIGNED SIGNATURE

PHYSICIAN'S NAME (Type)

220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Burial August 7.1 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)

t United
ADDRESS Evang, Church Baltimore Md 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR

SANDER & SONS. INC. Baltimore Md.

AUG 1967 DATE

246. REGISTRAR'S SIGNATURE

(State)

A POCK . CA . TANK I . Atlanta de la company de la CONTRACTOR OF THE PARTY AND ADDRESS OF THE PARTY OF THE P Million Shirts and remain water supplied to the Lot open STANDED TO SELECT THE PROPERTY OF THE PROPERTY

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11097 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 11098 HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Pode o. COUNTY o. STATE b. COUNTY 0 MARYLAND b. CITY OR TOWN (If outside carporate limits, C LENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ne Departmen Jours after de and write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE farm ON AFFARM? River Road Wer pencil in Item 18. Give Pages NO after death. Office alang with 3. NAME OF First Middle DATE Lost DECEASED NES NKIKS (Type or print) DEATH 9. AGE (In yeors IF UNDER 1 YEAR 5. SEX 6. COLOR OR RACE DATE OF BIRTH IF UNDER 24 HR 7. MARRIED lost birthdoy) Months Hours ₹ WIDOWED DIVORCED 24 haurs event IDo. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life even if retired) NDUSTRY COUNTRY? any 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within Ella Huttenberger ENKINS pub 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, grunknown) (If yes give wor or dotes of service) 216-10-0568 Mr. J. Jelet Christopher ar remaval. (Sa me) INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEAT PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) This certificate shauld writing the ward crematian, DUE TO in Vuscular disease. Conditions, if ony, which gove rise to immediate couse (a). farwarded to DUF TO stoting the underlying couse O OS burial, 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) the certificate, agent, priar ta pe 2Do. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) PRIMARY I or CONTRIBUTING I CAUSE OF DEATH. 2Dc. TIME OF INJURY Month, Doy, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Not While foctory, street, office bldg., etc.) DIRECTOR: Page designated 21. I certify that I took charge of the remains described above, held on Autopsy , Inspection X Inquiry X far ond in my opinion Notural couses X Accident deoth resulted from: Suicide . Homicide Undetermined monner CHIFF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE funeral DEPUTY MEDICAL EXAMINER **EXAMINER'S** reorge DAddress (Street, city, town, or county) NAME (Type) the 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION. 23b. DATE THEREOF 23d. LOCATION (City or Town) (Stote) Burial (Specify) New Cathedral Cemetery Baltimore, Md. 8/31/67. REGISTRAR'S SIGNATURE 250. RECD BY REGISTRAR 24. FUNERAL DIRECTOR VR A15ME Leonard J. Ruck, Inc. Balto. Md. 21214 6M 1/66 DATE

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MARYPAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11100 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11099 FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o STATE b. COUNTY MARYLAND CLITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Cuvahoga h. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b write RURAL and give negrest town) Laurel Brunswick d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE d. STREET ADDRESS farm ON A FARM? State 00 Give Pages Valencia Motel YES NO Y 1189 Highland Ave. 24 haurs after death. 3. NAME OF Middle 4. DATE First Month Day Year DECEASED Type or print) DEATH GEORGE MOYER August 16 along IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH AGE (In years NEVER MARRIED last birthday) Manths Days Hours in Item 18. after death WIDOWED DIVORCED White Office. and 2 Male Oct. 17, 1909 10o. USUAL OCCUPATION (Give kind of work done during mast of warking life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? INDUSTRY Cleveland, Ohio
14. MOTHER'S MAIDEN NAME Trucker Trucking II.S.A pencil 13. FATHER'S NAME be executed within GEorge Moyer
WAS DECEASED EVER IN U.S. ARMED FORCES? Grace May Holycross 2 17. INFORMANT Address 16. SOCIAL SECURITY NO. ef Medical (Yes, no, or unknown) (If yes give war ar dates of service) within address same Mrs. George Moyer No 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH event Arteriosclerotic Cardiovascular Disease IMMEDIATE CAUSE (a) \_ e, writing the ward " farwarded to the Chi This certificate should DUF TO any Canditions, if any, which gave (b) rise to immediate cause (a), 2 DUE TO stating the underlying cause 0 pup last OS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY remaval, PERFORMED? please execute the certificate, NO pe 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 3 shauld D PRIMARY C or CONTRIBUTING 4 shauld MEDICAL EXAMINER: CAUSE OF DEATH cremation, MEDICAL 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Haur a.m. factory, street, affice blda., etc.) Not While may be retained far yaur FUNERAL DIRECTOR: Page at work ot work 21. I certify that I taok charge of the remains described above, held an Autapsy XX Inspection Inquiry and in my opinion death resulted from: Natural causes 🔻 Accident Suicide [ Hamicide Undetermined manner CHIEF MEDICAL EXAMINER prior to ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health NAME (Type) Address (Street, city, tawn, or county) Fisher Russell 23d. LOCATION (City or Town AMP OF TEMETERY OR CREMATORY 230. BURIAL CREMATION. 0 REMOVAL (Specify) Brooklyn Heights Cem. Cleveland, Cuyahoga, Ohio 2Sh. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR VR A15ME (5) 1967 6M 1/67 illiantes Ellicott City . Md. DATEAUG

OF THE RESIDENCE OF THE PARTY O 9: 5: 3: DESCRIPTION OF THE PROPERTY OF detail. The contract of the co througher the control of the control The expression the same of the the estable and any order of the state of th THE REPORT OF THE PARTY OF THE 

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

11101

CENTIFICATE OF DEATH

11100	CERTIFICATE	OF DEATH						
1. PLACE OF DEATH a. COUNTY Howard	MARYLAND	2. USUAL RESIDENCE (Where of STATE	deceosed lived, if institution: Reside b. COUNTY					
h CITY OR TOWN (If outside cornorate limits	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
write RURAL and give nearest town) Ellicott City		Ellicoti		13-1				
d. NAME OF HOSPITAL OR INSTITUTION (If not in h	ospitol, give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE				
217 Foxhill Dr.		217 Foxhi	ill Dr.	ON A FARM? YES NO #				
3. NAME OF First DECEASED	Middle	Lost 4. D		Doy Year				
(Type or print) ETMER SAN	MUEL SCHOTTA		EATH August 30	19 67				
5. SEX 6. COLOR OR RACE 7. M	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UNDER	Days Hours Min.				
male white W	IDOWED DIVORCED	4/23/1894	last birthday) Months yrs.	bays Hours Milli.				
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & Stote		ITIZEN OF WHAT DUNTRY?				
during most of working me, even it renrea)	NDUSTRY	Maryland		JUNIKT?				
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME						
William Schotta		Christina F	Ruff					
1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of servi		NFORMANT	217 Fox 1911 I	r.				
yes WW 1	216 10 7753 Mrs	Bertha Schott	ta Ellicott City	r.Md.				
18. CAUSE OF DEATH (Enter only one couse per		1 1	B	INTERVAL BETWEEN				
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)	( ereprol el	relevism		ONSET AND DEATH				
DUE TO				/				
Conditions, if ony, which gove ) (b)								
stoting the underlying couse DUE TO	rise to immediate couse (a),							
last. (c)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED?				
ATIO				YES NO				
200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF FITHER MOTIFY MEDICAL SYMMINE)	20b. DESCRIBE HOW INJURY OC€URRED.	(Enter noture of injury in Port I	or Port II of item 18.)					
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
20c. TIME OF INJURY Month, Doy, Year			20f. (City or town) (Co	ounty) (Stote)				
Hour o.m.	While Not While fact	ory, street, office bldg., etc.)						
21. I certify that (1) (this hospital) attended the deceased from 10-9, 19-54, to 8-30, 19-67, that (1) (we) las								
saw the deceased alive an 8-22 19 67, and that death accurred at 2300 M, fram causes and on the date stated above								
220. SIGNATURE ATTENDING MED. STAFF 22b. DATE SIGNED								
Shomas C	To Verber MI	D. PHYS. DIRECT	TOR PHYS. 9	-/-67				
22c. PHYSICIAN'S NAME (Type) Thomas F	: Herbert, 411	22d. ADDRESS 44 Church	es Elliott (	ety Me 2104.				
230. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY . 23	Bd. LOCATION (City or Town)	(County) (State)				
REMOVALISTED 9/2/67	Loudon Park		Baltimore	Md.				
21 FUNERALDIRECTOR Slade	ADDRESS	2So. REC'D BY R	EGISTRAR 967 25b. RECISTRAR'S	SIGNATURE				
Funeral Home	Ellicott City, Md.	DATESEP	0 1001	10				

the funeral death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in be directar, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. shauld be filed with the State Dept. at Health priar ta burial, crematian, ar remaval, and in any event, within 14 hau Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 25M 1/67

(d. a. C). white defendance mil Frankland STU 是在1967年,1967年,1967年,1967年,1967年,1967年,1967年,1967年,1967年,1967年,1967年,1967年,1967年,1967年,1967年,1967年,1967年,1967年

VR A15 (4) 1SM 7/61

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 11102

1		PLACE OF DEATH	2. USUAL RESIDENCE (Whare decaased livad, If institution, Re	sidanca bafora admission)
П		COUNTY / / COUNTY	e. STATE A . b. COUNTY,	
		MARYLAND MARYLAND	1/1D, 1404	/ARD
-1	-	b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and	giva nearest town)
	,	write RURAL and give nearest town)	1-1110 11-11	, ==
	1	LLICOTT CITY	E-LLICOTT CITY	131
-		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
C	1	174 (0, -1111-11 01	174 501171111/11/11/11/11/11	ON A FARM?
	1	17 SUVIAVIEW, Md.	11, 0011901200 112.	YES NO
		NAME OF First Middle	Assi 4. DATE Month	Day Yaar
		DECEASED (Typa or print) Treductor (A. U.	Who was DEATH WIGHT	1067
				196/
Л	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 Y	
		WIDOWED DIVORCED	8/3/05 (ast busheay) Months D	ays Hours Min.
			0/0/0-	The Of Mark T. COUNTY
	10a	USUAL OCCUPATION (Give kind of work during most of working life, even if ratired)	RY 11. SIRTHPLACE (County & State, or foraign country) 12. CITIZ	EN OF WHAT COUNTRY?
			MI	2
=	1	MERCHANT YE.	1 / CL	
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	1	FREDERICK WOITEMEVER	LULA L. LOCHNER	
8	15.	WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT Address	
		s, no, or unkown)   (Hyes give war or dates of service) /		
8		No	SLADYS WALTEMETER	The Cart Land
	-	1B. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).]	-11212	I INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY:	0 1	ONSET AND DEATH
		IMMEDIATE CAUSE (a)	087/	
76				
M		DUE TO DUE TO	- Via (V/dis	
100		Conditions, if any, which \ (b)	face cour.	
20		gava rise to immediate causa		100
4		(a), stating the underlying		
		cause last. (c)		
	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	I(a) 19. WAS AUTOPSY PERFORMED?
1	100	thank of	allata.	YES NO 4
Che	5	craises - m	execus	113 1 104
H	CERTIFICATION		D. (Entar nature of injury in Pert I or Part II of itam 18.)	
	E	OR CONTRIBUTING  CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)		
			ACE OF INJURY (Homa, farm, ' 20f. (City or town) (Coun	ty) (State)
	MEDICAL	fan	ACE OF INJURY (Homa, farm, 20f, (City or town) (Counctory, street, offica bldg., etc.)	(Siare)
	03	Hour s.m.	1 10 0	
	2	p.m./ // //	March istal ( learnest sol	1. (0)
		21. I certify that (1) (this hospital) attended the deceased from	100/D1, 19 acto alleast 196	, that (1) (are) last
		saw the deceased alive on Cluque In 6 , and that	it death occured at	e date stated above.
				7 . 22b. DATE
		22a. SIGNATURE	ATTENDING MED. STAFF	7/67 SIGNED
		1 Conservation of the contraction of the contractio	PHYS. DIRECTOR PHYS.	101
		22c. PHYSICIAN'S	22d. ADDRESS	
1		NAME (Typa) CHRTCTTAN C MACC M D	607 B-31 N 1:12 Des	12. 11 C.
1		CHRISTIAN S. MASS, M.D.	687 Baltimore Nati'l Pike. E	
	234	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county	(State) Md
)		BINDIAL (Spacify) 8/10/67 LOUDON	PARK BALTO, Md	
/	1			
1	24	FUNERAL DIRECTOR'S SIGNATURE _ 201 EADDRESS EAT	25a. REC'D BY REGISTRAR 25b. REGISTRARIS S	
V	1	- 5 MARI NARB SUITREDERIE	DATE AUG 10 1961 Julia	new junge
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